Appendix A: Aircraft Used in Alaska by Air Medical Services Providers

Fixed-wing Aircraft

Piston engine

- Cessna 206 (Skywagon)
- Cessna 207 (Stationair)
- DeHavilland Beaver
- Piper Navajo (PA-31)

Turbo-prop engine

- Beechcraft King Air *
- Cessna 208 (Caravan)
- DeHavilland Twin Otter
- Fairchild (Swearingen) Merlin *
- Fairchild (Swearingen) Metroliner *
- Mitsubishi MU-2 *
- Piper Cheyenne (PA-31T) *

Jet engine

- Cessna Citation *
- Lear 25 *
- Lear 31A *
- Lear 35 *

* Indicates pressurized aircraft

Rotor-Wing Aircraft/Helicopters

- American Eurocopter A-star
- Bell 206 (Long Ranger)
- Bell 212
- Bell 214 ST
- Bell 412
- Eurocopter Dauphin (US Coast Guard)
- Eurocopter BK-117
- Sikorsky Blackhawk (US Army)
- Sikorsky Jayhawk (US Coast Guard)
- Sikorsky Pavehawk (Alaska Air Guard)

Appendix B: Air Medical Escort Check Lists

Before Mission Acceptance Safety Check List

Check	OK	Corrective Action
Mentally prepared.		
Adequate rest, nutrition status, free from physical impairments.		
Appropriate safety equipment and clothing.		
Weather is above minimums.		
Adequate training and experience to manage anticipated patient complications.		
The aircraft is appropriate for the mission.		
Pilots are familiar with airport or landing zone (LZ).		
Adequate communications with sending facility or EMS exist.		
There are no other safety concerns.		

Before Patient on Aircraft Check List

Check	OK	Corrective Action
Patient report, weight, height, condition, treatment.		
All medical equipment secured on aircraft (AC).		
Sending and receiving facility confirmed.		
Specialized equipment and medications secured on AC.		
Flight-specific medical orders obtained.		
Emergency procedures reviewed.		

En route Check List

Check	OK	Corrective Action
Patient specific protocols reviewed.		
Pre-mix medications and calculate drips.		
Formulate plan of care.		
Prepare equipment.		
Assign patient care duties.		

At Transferring Facility Check List

Check	OK	Corrective Action
Bring required equipment to patient (monitors, medications, stretcher).		
All team members to get full verbal report.		
Stabilize ABCs as required.		
Full patient assessment, IV sites and devices.		
Package patient for flight.		
Review EKG, lab and x-rays findings.		
All medical records and needed patient belongings obtained.		

Loading Check List

Check	OK	Corrective Action
Environmental protection for patient and equipment.		
All records, equipment and belongings loaded.		
Family goodbyes.		
Secure stretcher, equipment and crew.		
Safety briefing passengers, patient and crew.		
Brief pilot an any special flight restrictions (sea level etc.).		
Reassess all medical devices (i.e. ET Tube).		

Descent Check List

Check	OK	Corrective Action
Confirm ground transportation.		
Stow and secure equipment.		
Ensure all persons secure.		
Brief patient as to procedure.		

Deplaning Check List

Check	OK	Corrective Action
Environmental protection for patient and equipment.		
Ensure all equipment and paper work and belongings accompany patient.		
Confirm equipment positioning and placement (i.e. ET Tube).		

Post Mission Check List

Check	OK	Corrective Action
Care was handed over to an appropriate medical provider.		
All records, lab samples, x-rays and patient belongings were transferred.		
All equipment cleaned and restocked.		
Pilots and crew debrief and record suggestions for improvement.		
Patient care charts submitted for quality assurance.		

Appendix C: Patient Transfer Checklist

SEARHC Air Medical Service
Patient Transfer Checklist

Patient Information	
Patient's Name:	DOB:
Mailing Address:	SSN:
	Phone Number:
Responsible Party:	Insurance
Phone Number:	Insurance #
Accompanying Relative:*	Relationship:

_____Medevac Team's ETA
_____Revised ETA
_____Transportation for team from airport to clinic/hospital arranged
_____Ambulance crew scheduled for transportation of patient to airport

Medical Information
Referring Health Care Provider:
Receiving Physician:
Preliminary Diagnosis:
Physician's Orders:
Consider requesting orders for Phenergan if patient is nauseated

Medications			
Time	**Medication**	**Dose**	**Route**

Intake & Output				
	IV	**Urine**	**NG**	**Emesis**
Totals				

Tasks listed below should be completed prior to arrival of the Medevac Team

Communicable diseases

____Is it possible that this patient has an airborne communicable disease?

Intravenous Preparation

_____Use of an extension set or Select Three® Administration set.
_____Medical Patient: 1 or 2 IVs; 18 - 20 gauge in non-dominant hand or forearm
_____Trauma Patient: 2 IVs; 14 - 16 gauge in forearm or AC area

Patient Preparation

_____Patient clothed to facilitate appropriate exam and packaging
_____Patient NPO prior to flight unless specifically ordered by physician
_____Foley catheter inserted, if applicable
_____NG tube inserted, if applicable
_____PCCs, Labs, X-Rays and Reports copied, ready for team
_____Patient's belongings packaged

*** For the Safety of all, Relatives accompanying patient: Must be:**

_____Drug and alcohol free
_____Free of acute medical problems
_____Able to get into and out of front seat without assistance
_____Of a size to sit in a front seat without interfering with pilot controls
_____Fit in a standard seatbelt

Weather conditions and fuel load may prohibit a relative from accompanying the patient. It is our policy to always take a family member when possible, but the **final decision is up to the pilot.**

Appendix D: Alaska Air Medical Transport Form

Critiqued ☐ Yes ☐ No **ALASKA AIR MEDICAL TRANSPORT FORM** Date _____

PATIENT DATA

LAST NAME	FIRST	MI	AGE	DOB	SEX	WEIGHT

ADDRESS | PHONE

NEXT OF KIN | RELATIONSHIP | NOTIFIED ☐ Yes ☐ No

ADDRESS | PHONE

FLIGHT DATA

AIRCRAFT TIMES	
DEPART	
ARRIVE	
DEPART	
ARRIVE	

TRANSFERRING MD/PERSON
TRANSFERRING FACILITY
RECEIVING MD/PERSON
RECEIVING FACILITY

AIRCRAFT TYPE, PILOT NAME, WEATHER, CABIN PRESSURIZATION, ALTITUDE

MEDICATION RECORD Date of Last Tetanus _____

DRUG	DOSE	ROUTE	TIME

THERAPIES INSTITUTED

PTF - Prior to flight FLT - In-Flight

PTF	FLT		PTF	FLT	
☐	☐	C-Spine Immobilization	☐	☐	_____
		Type _____	☐	☐	Mast Pants
☐	☐	Backboard	☐	☐	NG
		Traction/Type/Site	☐	☐	Foley
☐	☐	_____	☐	☐	O2 Type
☐	☐	_____	☐	☐	Chest Tube R L
		Splint/Type/Site	☐	☐	Restraints
☐	☐	_____	☐	☐	Cardiac Monitor
☐	☐	_____	☐	☐	ET Tube/Trach/EOA
		IV Site/Guage/Fluid			Size _____
☐	☐	_____			Suction
☐	☐	_____	☐	☐	Tracheal
☐	☐	_____	☐	☐	Naso Pharyngeal

ALLERGIES:

ROUTINE MEDICATIONS:

TIME	VITAL SIGNS BP	P	R	EKG Rhythm (see back)
Prior to Flight				
In Flight				

HISTORY OF INJURY/SIGNIFICANT MEDICAL HISTORY

TRANSPORT NOTES:

TOTAL TRAUMA SCORE (see back)

ESCORT DATA

AIR MEDICAL SERVICE NAME | AK CERTIFICATION #

MAILING ADDRESS | PHONE

Signatures

Escort Escort Escort Escort

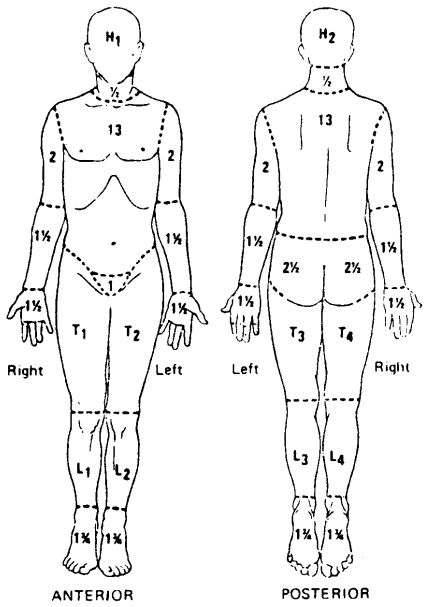
Form 06-1466 (3/05)

Appendix E: Alaska Air Medical Transport Burn Chart Form

ALASKA MEDEVAC TRANSPORT FORM BURN CHART

NAME | DATE

Estimation of Burn Size by Berkow Method



PARTIAL THICKNESS FULL THICKNESS

	Anterior	Posterior
Head	H_1	H_2
Neck		
Rt. Arm		
Rt. Forearm		
Rt. Hand		
Lt. Arm		
Lt. Forearm		
Lt. Hand		
Trunk		
Buttock		
Perineum		
Rt. Thigh	T_1	T_4
Rt. Leg	L_1	L_4
Rt. Foot		
Lt. Thigh	T_2	T_3
Lt. Leg	L_2	L_3
Lt. Foot		
TOTAL		
TOTAL %		

% OF AREAS AFFECTED BY GROWTH

Age	0	1	5	10	15	Adult
H = ½ Head	9-½	8-½	6-½	5-½	4-½	3-½
T = ½ One Thigh	2-¾	3-¼	4	4-¼	4-½	4-¾
L = ½ One Leg	2-½	2-½	2-¾	3	3-¼	3-½

DATE/TIME OF INCIDENT:

Height _____ Weight _____

CAUSE OF BURN

- ☐ Flame
- ☐ Chemical
- ☐ Steam
- ☐ Scald
- ☐ Cold
- ☐ Electical/Lightning volt. _____ amps. _____ duration _____
- ☐ Inhalation

WOUND CARE

Wound cleansing	☐ yes	☐ no
Topical cream	☐ yes	☐ no
Specify _____		
Escharotomy	☐ yes	☐ no
Specify _____		

LAB VALUES Time

Hbg	ABG's: pH
Hct	pCO2
Na	pO2
K	HCO3
BUN	CO Hb

FLUID RESUSCITATION (2.2 lbs. = 1 kg.)

Fluid calculations: Wt. (kgs) × % BSA burn × 4cc = RL over 24 hrs. (up to 50% BSA)

Rate of administration: 1st 8 hrs. = ½ RL, 2nd 8 hrs. = ¼ RL, 3rd 8 hrs. = ¼ RL

Fluid Therapy Total Prior to Flight

Fluid Therapy Total in Flight

Total Fluid Resuscitation

Output Prior to Flight

Output Total in Flight

Total Output

Signatures

Escort Escort Escort Escort

Form 06-1468 (8/86)

Appendix F: State of Alaska Burn Injury Report

STATE OF ALASKA
BURN INJURY REPORT

Print or Type **(File within 3 working days)**

SEX: MALE __ FEMALE __	YEAR OF BIRTH	RACE	ZIP CODE OF INJURY LOCATION
DATE OF INJURY	TIME OF INJURY	PERCENT BURNED	DEGREE OF BURN 1st ____ 2nd ____ 3rd ____ Inhalation _____

AREAS OF THE BODY INJURED (Highlight all appropriate)		INJURY SEVERITY (Highlight one)
1. FACE, HEAD	6. LEG	1. MODERATE (Treated/Released)
2. NECK, SHOULDER	7. FOOT	2. SERIOUS (Hospitalized)
3. CHEST, ABDOMEN	8. ARM	3. LIFE THREATENING (Death is Imminent and/or probable)
4. BACK, BUTTOCKS	9. HAND	4. DEAD ON ARRIVAL
5. GROIN, GENITALS	10. INTERNAL	

ACTION THAT CAUSED INJURY:

APPARENT CAUSE OF BURN INJURY (Highlight all appropriate)

1. CHEMICAL- Contact or exposure to reactive, caustic, corrosive or irritating substance
2. CONTACT W/ HOT OBJECT- Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc.
3. COOKING- Stove, oven, hotplate, barbecue, hot grease
4. ELECTRICAL- Electrocution, electrical equipment & flashburns
5. EXPLOSIVES- Gunpowder, TNT, dynamite
6. FIREWORKS- Sparklers, firecrackers, rockets, smoke bombs, etc.
7. FLAMMABLE LIQUIDS- Ignition of flammable/combustible liquids; gasoline, kerosene, diesel fuel
8. GAS/VAPOR EXPLOSION- Ignition of flammable gases or explosion of flammable liquid vapors
9. HOT LIQUID- Hot water, coffee, tea, hot food, hot tar, melted plastic, etc.
10. OTHER OPEN FLAME- Welding, matches, lighter, torch, etc.
11. OUTSIDE FIRES- Grass, brush, forest, bonfires, dump, trash and refuse fires, etc.
12. RADIATION- Burns cause by contact or exposure to any radioactive materials
13. STEAM- Caused by escaping steam from radiators, boilers, pipes, etc.
14. STRUCTURE FIRE- Any uncontained burning within a structure, including smoking accidents
15. SUNBURN- Exposure to ultraviolet light, including sunlamps
16. VEHICLE FIRE- Car, truck, boat, tractor, lawnmower, etc.

DID THIS INJURY RECEIVE PRIOR TREATMENT (Transfer)? IF SO, WHERE?

ADDRESS OF REPORTING FACILITY

CITY	STATE AND ZIP	PHONE
NAME OF HEALTH CARE PROVIDER:		DATE

PERSON FILLING OUT REPORT:

Email, Mail or Fax Completed Form To:

Burn Injury Reporting System
Alaska Division of Fire Prevention – Northern Region Office
1979 Peger Road
Fairbanks, AK 99709

(907) 451-5200
Email to: burn_reports@dps.state.ak.us
Fax to: (907) 451-5218
www.dps.state.ak.us/fire

Report required by Alaska Statute Sec. 08.64.369

4/2/03

Appendix G: Air Medical Professional Organizations

Air And Surface Transport Nurses Association (ASTNA)

This organization represents nurses who participate in the transport of patients. The association has developed position papers and standards of care for transport nurses. It established the Certified Registered Flight Nurse certification to promote professional development of transport nurses. ASTNA also developed the Transport Nurse Advanced Trauma Course which is a 24-hour program designed for advanced level air medical transport personnel. More information is available at their Web site: www.astna.org.

Air Medical Physicians Association

This organization represents physicians involved in air medical transport. The association promotes research, safety, and efficacy. Members include medical directors of flight teams as well as professionals involved in aerospace medicine and research. More information can be found at their Web site: www.ampa.org.

Association for Air Medical Systems (AAMS)

This is an international association that discusses many issues facing air medical transport. The annual conference allows air medical providers from around the world to meet and share ideas. The following is an excerpt from their Web site describing their organization:

"The association, a voluntary non-profit organization, encourages and supports its members in maintaining a standard of performance reflecting safe operations and efficient, high quality patient care. AAMS is built on the idea that representation from a variety of medical transport services and businesses can be brought together to share information, collectively resolve problems and provide leadership in the medical transport community." More information can be found on their Web site: www.aams.org

Commission on Accreditation of Medical Transport Systems (CAMTS)

This organization conducts voluntary surveys of air ambulance operators to help ensure safety and adherence to quality standards. The following is an excerpt from their mission statement:

"The Commission offers a program of voluntary evaluation of compliance with accreditation standards which demonstrates the ability to deliver service of a specific quality. The Commission believes that the two highest priorities of an air medical or ground interfacility transport service are patient care and safety of the transport environment. By participating in the voluntary accreditation process, services can verify their adherence to quality accreditation standards to themselves, their peers, medical professionals, and to the general public." More information can be found on their Web site: www.CAMTS.org.

International Association of Flight Paramedics

Previously known as the National Flight Paramedic Association. This organization represents paramedics who participate in air medical operations. The association has developed position papers and standards of care for air medical transport and has established the Certified Flight Paramedic credential to promote professional development of flight paramedics. More information is available at their Web site: www.flightparamedic.org.

Appendix H: Glossary of Terms and Abbreviations

AAMS
Association of Air Medical Services. AAMS is an internationally recognized professional association for the providers and personnel of air medical services. AAMS supports and coordinates both educational and research activities relating to its membership and the air medical industry at large. It acts as a resource for the exchange of information among all interested parties and will provide consultation when appropriate. AAMS will represent its member's interests in activities that may affect the overall provision of air medical services.

Aileron
Control surfaces hinged at the back of the wings that help to bank the airplane.

Altimeter
An instrument for measuring in feet the height of the airplane above sea level.

Altitude
The vertical distance from a given level (sea level) to an aircraft in flight.

Attitude
Position of airplane relative to the horizon, e.g., a climbing attitude, straight-and-level attitude, etc.

ASHBEAMS
American Society of Hospital Based Emergency Air Medical Services. This was the original name of AAMS until they changed their name in 1989.

CAA
Civil Aeronautics Administration. CAA is the predecessor of the Federal Aviation Administration (FAA).

CAAMS
Commission on Accreditation of Air Medical Services. CAAMS is an association, created in 1990 by AAMS, to provide standards and a quality assurance program to ensure that these standards are met and maintained through accreditation surveys. The CAAMS acronym was changed in 1997 to CAMTS to encompass all transportation vehicles.

CAMTS
Commission on Accreditation of Medical Transport Systems. CAMTS is a continuation of CAAMS but changed the name in 1997 to include all transportation vehicle, air and ground, used by Air Medical Programs.

Ceiling
Height above the ground of cloud base.

COBRA
Congressional Budget Omnibus Reconciliation Act of 1986 (PL99–272). COBRA is a federal act that mandates basic en route care for the emergency transport of patients.

DHHS
Department of Health and Human Services. Federal agency for healthcare in the United States.

DHSS
Department of Health and Social Services. State of Alaska's health department.

DHS
Department of Homeland Security. Both federal and state departments of homeland security.

DOT
Department of Transportation. DOT is the parent federal organization of the Federal Aviation Administration (FAA). For most issues, it is the lead agency through the National Highway Traffic and Safety Administration (NHTSA).

Drag
The component of the total air force on a body parallel to relative wind and opposite to thrust.

EMTALA
Emergency Medical Treatment and Active Labor Act—1985. Federal act that requires emergency care be given to all who need it, regardless of ability to pay. It governs interfacility transfers.

Elevators
Control surfaces hinged to the horizontal stabilizer which control the pitch of the airplane, or the position of the nose of the airplane relative to the horizon.

FAA
Federal Aviation Administration. FAA is the federal agency that governs the construction, maintenance, crewing, and piloting of all aircraft in the United States.

FAR
Federal Aviation Regulations. Those rules published by the FAA that govern all pilots and the operation and maintenance of their aircraft.

FICEMS
Federal Interagency Committee on Emergency Medical Services. Serves to coordinate various federal agencies that are involved in EMS, including DHHS, DHS, and NHTSA that is administered by the United States Fire Administration.

Fin
A vertical attachment to the tail of an aircraft which provides directional stability. Same as vertical stabilizer.

Fixed Wing
A common term used to describe airplanes. The term is in contrast to helicopters whose wings rotate.

Flaps
Hinged or pivoted airfoils forming part of the trailing edge of the wind and used to increase lift at reduced air speeds.

Flight Crew
A term defined by the FAA describing the pilot, copilot, or other crew members required to operate the aircraft. Air medical programs often refer to their flight nurses, and other medical crew, as flight crews but medical crews are not recognized as such by the FAA.

HIPAA
Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104–91. HIPAA regulations cover patient privacy standards.

IAFP
International Association of Flight Paramedics. The association was founded in 1986. The IAFP is the largest independent paramedic association in the country. The association's focus is the professional paramedic and their purpose is to serve as an advocate for the profession on a national basis.

IFR
Instrument Flight Rules. The specific FAA regulations that apply to aircraft when they are conducting flight without visual reference to the ground.

Lift
An upward force caused by the rush of air over the wings, supporting the airplane in flight.

NFNA
National Flight Nurses Association. An association formed and supported by the nurses, paramedics, and EMTs who fly aboard air ambulance aircraft. The organization offers a forum for the exchange of ideas among the nurses, paramedics, EMTs and other air medical interest groups, and acts as a spokesperson for the group. Also known as the Air and Surface Transport Nurses Association.

NFPA
National Flight Paramedic Association. Now known as the International Association of Flight Paramedics (see IAFP).

NHTSA
National Highway Traffic and Safety Administration. NHTSA is a federal agency under DOT. NHTSA has published numerous reports on the subject of air ambulance transport. NHTSA is the lead federal EMS agency.

Operations Specification or Ops Specs
Those rules required by the FAA Part 135 Regulations that pertain to the specific operation of the helicopter, pilots, and maintenance crews concerning a specific program.

Part 91
The part of the FAA rules that govern general aviation. This includes private pilots, and government operations.

Part 135
The specific part of the Federal Aviation Administration Federal Aviation rules that govern most air medical aircraft and flight.

Rudder
Control surface hinged to the back of the vertical fin.

Stall
The reduction of speed to the point where the wing stops producing lift.

Thrust
Forward force.

VFR
Visual Flight Rules. The specific FAA Regulations that apply to aircraft when they are conducting flight with visual reference to the ground.

NTSB
National Transportation Safety Board is an independent federal agency charged by congress with investigating every civil aviation accident in the U.S. and significant accidents in the other modes of transportation—railroad, highway, marine and pipeline—and issuing safety recommendations aimed at preventing future accidents.

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